

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Dr		2-15-99
O.I.P.E. CLASSIFIER		8	7-20-99
FORMALITY REVIEW		100080	8/1/99

### INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 - ..... Allowed I ..... Interference  
 (Through numeral) ... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final	Original	Date
1		6/14/99	
2		1-23-99	
3		1/23/99	
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Claim	Final	Original	Date
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52		1/23/99	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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